Grade 3 Bullying Survey

Directions: Think about each question carefully. Put an X in the box or space that best describes YOU. Please do NOT put your name on this survey.

School:	Date:							Grade:	
1. This is how I feel	abou	t beir	ng at n	ny scho	ol:				
Very happy and goSometimes happy a		ood							
So-so									
Sometimes sad and unhappy									
	Very sad and unhappy								
2. This is how safe I	feel i	n eac	ch of th	nese pla	aces	:			
	Ver	y	Kind	of	So-	So	Kin	d of	Very Safe
	Unsafe		Unsa	fe			Safe		
a. in my classroom									
b. on the playground									
c. in the lunch room									
d. walking to/from school									
e. in the bathroom									
f. in the hall									
g. on the bus									
h. at the bus stop									
3. How often have th	iese t	hings	s happ	ened to	yoı	u at s	schoo	bl?	
		Eve	ryday	1 or 2		1 or	2	1 or 2	Never
				times a		times a		times a	
				week		mon	th	year	
a. teased in a mean way									
b. called hurtful names									
c. left out of things on purp	ose								
d. threatened									
e. hit, kicked, or pushed									

For Questions 4–8, mark all that apply.

4. At school, who has:

	Both boys &	A group of boys	A boy	A group of girls	Nobody
	girls	01 0035		or giris	
a. bullied you					
b. said mean things to you					
c. teased you					
d. called you names					
e. tried to hurt you at school					

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e	ed to hurt you at school	
	In what grade is the student (or students) who bullies you?	
	In my classroom	
	In the same grade, but different class	
	In a lower grade	
	In a higher grade	
	I haven't been bullied	
	When I am bullied, I:	
	Do nothing	
	Tell the bully to stop	
	Get away from the bully	
	Hurt other kids	
	Stay home from school	
	Tell an adult	
	Tell a friend	
	Don't get bullied	
	If you have been bullied, whom have you told?	
	My mother or father	
	My sister or brother	
	A teacher or other adult at school	
	Another student at school	
	Nobody	
	I've never been bullied	
	If you have been bullied, who has tried to help you?	
	My mother or father	
	My sister or brother	
	A teacher or another adult at school	

No	obody	student at sc		ol							
9. If	If you have been bullied, what happened after you told someone?										
It No I r	It got better It got worse Nothing changed I never told anyone I've never been bullied										
10. H	ow oft	en do you hi	it, l	kick, o	r pusl	h other	chi	ildren?			
1 o	or 2 tir or 2 tir ever	ny mes a week mes a month mes a year en do you:									
		Every	1 (or 2	1 or	2	1 4	or 2	Ne	ver	
		day	times a tim		time	s a times a		140	VCI		
a. say meathings							Ĭ				
b. tease of c. call oth children names											
12. H	ow oft	en have you	se	en som	eone	:					
				Every day		1 or 2 times a week		1 or 2 times a month		1 or 2 times a year	Never
		n a mean wa	y							-	
b. being the											
		ngs on purpo									
		nurtful names									

13. How often have you noticed bullying going on in these places?

	Every day	1 or 2	1 or 2	1 or 2 times a	Never
		times a	times a	year	
		week	month		
a. in my classroom					
b. on the playground					
c. in the lunchroom					
d. walking to or from school					
e. in the bathroom					
f. in the hall					
g. on the bus					
h. at the bus stop					

Mark all that apply in 14–15.

14.	Who have you seen doing the bullying?
	Both boys and girls A group of boys A boy A group of girls A girl Nobody
15.	What grades are the bullies in?
	In my classroom In the same grade but in a different class In a lower grade In a higher grade I haven't seen any bullying
16.	What is your ethnic group? (optional)
	Asian Black Hispanic Native American White
17.	Are you a boy or a girl?
	Boy Girl Thank you for your answers!